

Serbian positions. These operations pinned down large numbers of Serb troops in concentrated groups. These concentrations made the Serbian forces vulnerable to Allied air attacks for the first time in the war, and they sustained large numbers of casualties during this period. Had the KLA not undertaken this campaign, Serbian forces would have remained spread out and largely invulnerable to air attack.

During the air campaign, AFSouth was in charge of Operation Allied Harbor, which provided shelter to the hundreds of thousands of refugees who fled Kosovo. My hosts told me that during the height of the crisis, AFSouth actually exhausted the world's supply of tents in its effort to provide shelter for all the refugees. Now AFSouth is overseeing the repatriation of the Kosovar refugees to Kosovo. Our briefers confirmed what we heard in Kosovo—that most of the Kosovar Albanians who fled Kosovo during the war have already returned home. All of the refugee camps in Albania have been shut down. Among the small percentage of refugees who have not returned to Kosovo are the 20,000 who were brought to the United States and will most likely choose to remain here.

On August 26, I returned from Rome to Philadelphia.

THE NEED FOR MEDICARE COVERAGE OF PRESCRIPTION DRUGS

Mr. SARBANES. Mr. President, in the coming weeks, the Finance Committee will begin consideration of legislation to reform the Medicare program. While I am not a member of that Committee, I would like to urge my colleagues to take this opportunity to address one of the most widespread problems facing senior citizens today—the lack of prescription drug coverage under the Medicare program.

Providing access to prescription medication is essential to ensuring our older Americans receive the health care they need. Today more than ever, medical treatment is focused on the use of drug therapies. Prescription drugs are an effective substitute for more expensive care or surgery, and they are the only method of treatment for many diseases.

Medicare beneficiaries are particularly reliant on prescription medication. Nearly 77 percent of seniors take a prescription drug on a regular basis. Consequently, although seniors make up only 14 percent of the country's population, they consume about 30 percent of the prescription drugs sold. However, the Medicare program, the national program established to provide seniors with vital health care services, generally does not cover prescription drug costs.

Medicare beneficiaries can obtain some coverage for drugs by joining Medicare HMOs. However, these HMOs are not available in many parts of the country, particularly in the rural areas. As we have learned in Maryland,

where 14 of our rural counties will no longer be served by any Medicare HMO as of next year, private companies cannot be relied upon to provide a benefit as crucial to the health of our older Americans as prescription drug coverage. Drug coverage must be added as a core element of our basic Medicare benefits package.

Beneficiaries may also purchase drug coverage through a Medigap insurance policy. However, these plans are extremely expensive and generally provide inadequate coverage. In addition, for most Medigap plans, the premiums substantially increase with age. Thus, just as beneficiaries need drug coverage the most and are least able to afford it, this drug coverage is priced out of reach. This cost burden particularly affects women who make up 73 percent of people over age 85.

Those with access to employer-sponsored retiree health plans do generally receive adequate drug coverage. However, only about one quarter of Medicare beneficiaries have access to such plans. Thus, although most beneficiaries have access to some assistance, only a lucky few have access to supplemental coverage that offers a substantial drug benefit. Moreover, at least 13 million Medicare beneficiaries have absolutely no prescription drug coverage.

To make matters worse, the cost of prescription drugs has been rising dramatically over the past few years. Pharmaceutical companies claim that today's higher drug prices reflect the growing cost of research and development. However, recent increases in drug prices have also resulted in large part from the enormous investment the industry has made in advertising directly to the public.

Moreover, recent studies have shown that seniors who buy their own medicine, because they do not belong to HMOs or have additional insurance coverage, are paying twice as much on average as HMOs, insurance companies, Medicaid, Federal health programs, and other bulk purchasers. Medicare beneficiaries are paying more as the pharmaceutical industry is facing increasing pressures from cost-conscious health plans to sell them drugs at cheaper prices. In addition, the industry offers lower prices to veterans' programs and other Federal health programs because the price schedule for these programs is fixed in law. Apparently, pharmaceutical companies are making up the revenues lost in bulk sales by charging exorbitant prices to individual buyers who lack negotiating power.

Despite these market pressures and increased research and development costs, the prices being charged to seniors and other individual purchasers are hardly justified when financial reports show drug companies reaping enormous profits.

Many seniors live on fixed incomes, and a substantial number of them cannot afford to take the drugs their doc-

tors prescribe. Many try to stretch their medicine out by skipping days or breaking pills in half. Many must choose between paying for food and paying for medicine.

In the context of the budget resolution debate, proposals were made to provide for the added cost of including prescription drug coverage in the Medicare program. I voted for an amendment to create a reserve fund of \$101 billion over 10 years to cover the cost of Medicare reform including the addition of a prescription drug benefit. This provision was included in the final version of the Senate budget resolution. However, legislation creating the drug benefit still must be enacted before coverage could be extended.

Helping senior citizens get the prescription drugs they need should be one of our top priorities this session. Unfortunately, the Majority is more interested in enacting deep and unreasonable tax cuts that largely benefit the wealthy. Just before the August recess, Congress passed the Majority's FY 2000 budget reconciliation bill. I voted against this bill because it would spend nearly all of the on-budget surplus projected to accrue over the next ten years and would use none of this projected surplus to protect the Social Security System, to shore up Medicare, or to give senior citizens the prescription drug benefit they so desperately need.

I am pleased that the Finance Committee will be focusing on Medicare reform, and I hope that the legislation they develop will establish a prescription drug benefit for our older Americans. Providing seniors with drug coverage is essential to ensuring they receive quality health care. I believe that access to quality health care is a basic human need that in my view must be a fundamental right in a democratic society.

THE ABCs OF GUN CONTROL

Mr. LEVIN. Mr. President, students in Detroit are now back in school, just like their peers across the river in Windsor, Ontario. Each classroom of students is going through virtually the same routine. They are writing about their summer vacations, obtaining textbooks, signing up for sports teams, and trying to memorize locker combinations. They are figuring out bus routes, testing new backpacks and worrying about that third period teacher who assigns too much homework. There is just one major difference between the students in Detroit and those in Windsor. Students in Detroit have to worry about guns in school.

In the United States, another classroom of children is killed by firearms every two days. That doesn't mean that every few days, there is another Columbine mass murder. But statistics show that each day 13 children die from gunfire, and every two days, the equivalent of a classroom of American children is struck by the tragedy of gun violence. In Windsor, the Canadian town